

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate TERRY W. BROWNAddress 22 Hillside Dr. Col. MissTelephone 662-386-6732 Fax _____Contact Name _____ Email Tbrown350@colms.govOffice Sought State Senate 17 Political Party Republican
☐ Check here if above is different from previous report
TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ____ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$	\$ 6750. ⁰⁰	\$ 6750. ⁰⁰
Total amount of disbursements \$	+\$	\$ 5500	\$ 5500. ⁰⁰
Total amount of cash on hand		\$ 4160. ⁰⁰	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate _____

Date JAN 26, 2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1498 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

TERRY BROWN

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Reporting period

JAN 1 2010 through DEC 31 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name American Chemistry Council		6/25/10	\$500.00
Mailing Address 1300 Wilson Blvd		___/___/___	\$
City, State, Zip Code Arlington VA. 22209		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$500.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Enterprise Holding Inc. PAC		5/12/10	\$500.00
Mailing Address 219 Woodgate Dr South		___/___/___	\$
City, State, Zip Code Brandon Miss 39042		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Miss Dental PAC		8/17/10	\$
Mailing Address 2630 Ridgwood Rd S.W. C		___/___/___	\$500.00
City, State, Zip Code Jackson Miss.		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$500.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T Miss. PAC		8/6/10	\$500.00
Mailing Address 175 Capital ST. RM 700		___/___/___	\$
City, State, Zip Code Jackson Miss 39201		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$500.00

Name of Candidate or Committee TERRY W. Brown Page 2 of 4
 Reporting period JAN 1 2010 through DEC 31 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF Railway Co.</u>		<u>8/12/10</u>	\$ <u>250.⁰⁰</u>
Mailing Address <u>3253 East Chesnut Expressway</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Springfield Mo. 65802</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check into Cash of Miss Jane</u>		<u>9/14/10</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>P.O. Box 550</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Cleveland TN. 37364</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MOTOROLA</u>		<u>8/26/10</u>	\$ <u>250.⁰⁰</u>
Mailing Address <u>P.O. Box 68429</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Shamberg HI 60163</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.⁰⁰</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Altria Client Serv. Inc.</u>		<u>9/27/10</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>6601 W. Broad St.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Richmond VA. 23230</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.⁰⁰</u>

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Name of Candidate or Committee KERRY W. Brown
Reporting period Jan 1 2010 through Dec 31 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>Altos Energy Corp PAC</u>		<u>12/15/10</u>	\$ <u>500.⁰⁰</u>
Mailing Address: <u>5430 LBJ Freeway ST 160</u>		<u> / / </u>	\$
City, State, Zip Code: <u>Dallas Texas 75240</u>		<u> / / </u>	\$
Name of Employer (Required): _____		<u> / / </u>	\$
Occupation (Required): _____		Aggregate year-to-date	\$ <u>500.⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>WAI-PAC</u>		<u>12/15/10</u>	\$ <u>250.⁰⁰</u>
Mailing Address: <u>702 SW 8th ST</u>		<u> / / </u>	\$
City, State, Zip Code: <u>Berlinville Ark. 72716</u>		<u> / / </u>	\$
Name of Employer (Required): _____		<u> / / </u>	\$
Occupation (Required): _____		Aggregate year-to-date	\$ <u>250.⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>Miss Lupac</u>		<u>12/15/10</u>	\$ <u>500.⁰⁰</u>
Mailing Address: <u>PO Box 12649</u>		<u> / / </u>	\$
City, State, Zip Code: <u>Jackson Miss. 392</u>		<u> / / </u>	\$
Name of Employer (Required): _____		<u> / / </u>	\$
Occupation (Required): _____		Aggregate year-to-date	\$ <u>500.⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>Miss Agents of Employers PAC</u>		<u>12/20/10</u>	\$ <u>1000.⁰⁰</u>
Mailing Address: <u>PO Box 39</u>		<u> / / </u>	\$
City, State, Zip Code: <u>Olive Branch Miss. 38654</u>		<u> / / </u>	\$
Name of Employer (Required): _____		<u> / / </u>	\$
Occupation (Required): _____		Aggregate year-to-date	\$ <u>1000.⁰⁰</u>

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Name of Candidate or Committee TERRY W. Brown
 Reporting period JAN 1 2010 through DEC 31 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific Financial Mgt.</u>		<u>12/17/10</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>P.O. Box 61270</u>		<u> / / </u>	\$
City, State, Zip Code <u> / / </u>		<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>		<u> / / </u>	\$
Occupation (Required) <u> / / </u>		Aggregate year-to-date	\$ <u>500.⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>General Electric Company</u>		<u>12/15/10</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>P.O. Box 9544</u>		<u> / / </u>	\$
City, State, Zip Code <u>Fort Myers FL 33906</u>		<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>		<u> / / </u>	\$
Occupation (Required) <u> / / </u>		Aggregate year-to-date	\$ <u>500.⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u> / / </u>		<u> / / </u>	\$
Mailing Address <u> / / </u>		<u> / / </u>	\$
City, State, Zip Code <u> / / </u>		<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>		<u> / / </u>	\$
Occupation (Required) <u> / / </u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u> / / </u>		<u> / / </u>	\$
Mailing Address <u> / / </u>		<u> / / </u>	\$
City, State, Zip Code <u> / / </u>		<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>		<u> / / </u>	\$
Occupation (Required) <u> / / </u>		Aggregate year-to-date	\$